						ži.	
DEPAR CENTER	TMENT OF HEALTH	HAND HUMAN SERVICES	45	A	1128//2	FORM): 12/15/2011 HAPPROVEC): 0938-0391
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE S COMPL	SURVEY
		445439	B. WIN	4G		12/	1212044
NAME OF P	ROVIDER OR SUPPLIER	1075		STR	REET ADDRESS, CITY, STATE, ZIP CODE	121	12/2011
MTJULI	ET HEALTH CARE C	ENTER		20	650 NORTH MT JULIET ROAD NOUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CURRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DAYE
K 018 SS=E		FETY CODE STANDARD	K 01		NFPA 101 Life Safety Code Standards	10	
	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6			;	\$S=E	ī ē	i
				į	Requirement:		
				1	The facility will ensure that any		
j				-	door protecting corridor open	7	*
					has no impediment to closing.		!
	are permitted. 19	3.3.6.3		į	Carrective Action:		
į	Roller latches are p	orohibited by CMS regulations		į	On 12/12/11 the Maintenance Director	or	
1	in all health care fa	cilities.		į	removed the pegs th		
į	X	*			held the door open i		:
			19-3	i	. resident room 313 a	nd	T.
				1	the beauty shop.		İ
					2. The Maintenance Di		i.
				- !	inspected all doors in		
		25		1	facility on 12/12/11 ensure no doors wer		i
				į	being held open by p	. =	I
	- [[] [[] [[] [] [] [] [] [] [] [] [] []	s not met as evidenced by:		;	3. The facility staff was		!
į		ions, it was determined the to maintain the doors		1	serviced by the		!
1	protecting the corrid			ļ	Administrator on		İ
!	1			Ì	12/21/11 regarding	05	İ
ŀ	The findings include	ed:		!	smoke door complia	nce.	1
1	Ob			1	4. The Maintenance Di	rector	:
		resident room 313 and the		1	and Administrator w	Atti	400
i	beauty shop on 12/12/11 at 10:00 AM, revealed the doors were being held open with pegs.			į	monitor for complia		t)
i	and dearly from Jell	is now open man pegs.		- 1	through daily facility	,	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

maintenance at the exit conference on 12/12/11.

administrator and verified by the director of

This finding was acknowledged by the

(X6) DATE

12/28/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from operacting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for pursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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rounds and observations.

Findings will be reported

to the QA committee.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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		E & MEDICAID SERVICES				OMB NO	0.0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
	445439		8. WING			12/-	2/12/2011	
	PROVIDER OR SUPPLIER			2650	FAUDRESS, CITY, STATE, ZIP CODE NORTH MY JULIET ROAD JNT JULIET, TN 37122	[12/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	x	PROVIDER'S PLAN OF CORRECTED ACTION SHOTO CROSS-REFERENCED TO THE APPRIDEFICIENCY)	ULD BE	COMPLETIO DATE	
SS=D Smoke barriers a least a one half haccordance with a terminate at an air protected by fire-panels and steel separate compart floor. Dampers ar penetrations of sheating, ventilating		e constructed to provide at our fire resistance rating in .3. Smoke barriers may rium wall. Windows are ated glazing or by wired glass rames. A minimum of two ments are provided on each a not required in duct toke barriers in fully ducted g, and air conditioning systems.	КС	25	NFPA 101 Life Safety Code Standards SS-D Hequirement: Smoke barriers will be constructed to provide a least a one half hour fire resistance rating in accordance with 8.9. Smoke barriers may terminate at an actium wall. Windows will be protected by fire-rated glating or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each Boors. Corrective Action:			
SS=D	Based on observation facility failed to man The findings included to the findings included the finding state of the finding was administrator and administrator administrator administrator administrator administrator administrato	area above the smoke doors 2/12/11 at 9:47 AM, revealed a	К 0	52	1. The area above the smake doors in the 400 hall was fire caulked on 12/12/11 by the Maintenance Director. 2. The Maintenance Director completed facility rounds on 12/12/11 to ensure the walls were free of penetration. 3. The Administrator inserviced the Maintenance Director on 12/28/11 regarding maintenance on smoke barrier walls with penetrations. 4. The Maintenance Director will monitor for compliance monthly through facility rounds and observation. Finding will be reported to the QA committee. NFPA 101 Life Safety Code Standards SS=D Requirement: A fire alarm system required for life safety must be installed, tested, and maintained in accordance with NFPA National Electrical Code and NFPA 72	70	12/28/201	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/15/2011 FORM APPROVED OMB NO. 0938-0391

CLIVIER	13 FOR MEDICARE	& MEDICAID SERVICES				CIMB MO.	0838-038
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ON IDENTIFICATION NUMBER: A. I		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATÉ SURVEY COMPLÉTED	
		445439	B. Wir	4G	A STATE OF THE STA	12/12/2011	
	ROVIDER OR SUPPLIER ET HEALTH CARE C	ENTER	•	265	ET ADDRESS, CITY, STATE, ZIP CODE 10 NORTH MT JULIET ROAD DUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION SI	HOULD BE	(X5) COMPLETION DATE
K 054 SS≓D	This STANDARD Based on observation of the generation of the genera	is not met as evidenced by: tions, it was determined the intain the fire alarm system.		052	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Corrective Assigns 1. On 12/12/11 the Maintenance Director removed the maturess from blocking the pull station in the service hall. 2. The Maintenance Director inspected all pull stations for compliance on 12/12/11. 1. The facility staff was in- serviced on 12/12/11 by the Administrator and the Maintenance Director in regards to not blocking the pull station and keeping the pull station and keeping the pull station accessible. 4. The Maintenance Director and the Administrator will monitor for compliance through facility cally rounds and the findings will be reported to the GA committee. NFPA 101 Life Safety Code Standards SS=0 Requirement: The facility smoke detectors will be		12/28/201
	activating door hold maintained, inspec	d-open devices, are approved, cted and tested in accordance urer's specifications. 9.6.1.3			accordance with the manufacturer's specification. Corrective Action: 1. On 12/13/11 the		
	Based on observa	is not met as evidenced by: ations, it was determined the aintain the smoke detectors.			Maintenance Oirector moved the smake detector 3 feet away fro the air diffuser in the dining room and the activity director's office. The smoke detectors were inspected by the Maintenance Oirector or some director or or some director or or some director or som		
		e dining room and the activity 1 12/12/11 at 9:43 AM, revealed	٠.		12/13/11 to ensure proper placement.		

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TATEMENT	ENTERS FOR MEDICARE & MEDICAID SERVICES ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DELAN OF CORRECTION DENTIFICATION NUMBER:		(X2) ML	JLTIPLE	CONSTRUCTION	(X3) DAYE S	
10 1 17/11 (1)	T.QAMA.G FIOR	IDENTIFICATION NUMBER:	A. BUIL	DING	01 - MAIN BUILDING 01	COMPL	CIED
	W	445439	B. WIN	G		12/	12/2011
IAME OF P	ROVIDER OR SUPPLIEF	}		STREET	ADDRESS, CITY, STATE, ZIP CODI		
MT JULIE	T HEALTH CARE	CENTER			NORTH MT JULIET ROAD NT JULIET, TN 37122		
(VA) 10	SAMMIS	TATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORE	ECTION	1 175)
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
				1	3. The Maintenance Dire		
K 054	Continued From	page 3	K 0	54	was in-serviced by the Administrator on	12	
i	the smoke detect	ors were installed within 3 feet			12/28/11 regarding th	ie	1
i	of the air diffusers	S.			proper placement of		l
					smoke detectors.		
	This finding was a	acknowledged by the			4. The Maintenance Dire	ector	
	administrator and	verified by the director of			will monitor for		
		he exit conference on 12/12/11.	6 6	1	compliance through monthly rounds and		
K 067	NFPA 101 LIFE 5	SAFETY CODE STANDARD	КО	67	observations and the		
SS=E					findings will be report	ed	j
-	Heating, ventilation	ng, and air conditioning comply			to the QA committee.		12/15/20:
		is of section 9.2 and are installed			NFPA 1D1 Life Sefety Code Standards		1
	in accordance wi	th the manufacturer's		İ	\$5#E	• · · · · · · · · · · · · · · · · · · ·	
		19.5.2.1, 9.2, NFPA 90A,	i	l	934E		i
	19.5.2.2				Requirement:		
					Heating, ventilating, and air conditionin with the provisions of section 9.2 and a accordance with the manufacturer's spe	re Installed In	
	This STANDARD) is not met as evidenced by:			Corrective Action:		1
		vations, it was determined the					
		naintain the heating, cooling, and	1	İ	 The exhaust fens of the s 100,200 and 400 were re 		
*	air conditioning s				12/13/11 by a contracted		
	The findings incli	ided:			b. The exhaust fan covers or		
	The manys non	ausu.			and 400 corridors were et Maintenance Director on		į
		of the service hall, the 100, 200,			Z. The facility exhaust lang y		
		s on 12/12/11 at 9:35 AM,			inspected by the Mainten	ance Director	
	revealed the exh	aust fans were inoperable.			on 12/19/12 to ensurepro	per function	
4	(2) Observation	of the 100, 200, 300, and 400			200 - 200 - 20 - 20 - 20 - 20 - 20 - 20	4.4	
		2/ 11 at 9:40 AM, revealed the	1		 The housekeeping staff an Meintenance Director was 		
		covers were dirty.		ļ	by the Administrator on 1	2/29/11	
		350		.	regarding the proper clear maintenance and inspection	10 to 10 to	1
*		ere acknowledged by the		į	exhaust fans.		
		d verified by the director of					
		the exit conference on 12/12/11.	l		4. The Maintenance Director		
K 147	- [- [- [- [- [- [- [- [- [- [SAFETY CODE STANDARD	K1	47	Adrelnistrator will monitor compilence monthly throu		
					rounds and observations.	76 Tab	1
SS=E				4			12/29/20

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; 445439		A. BUILDING	LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		B. WING				
	ROVIDER OR SUPPLIER ET HEALTH CARE C	ENTER	26	EET ADDRESS, CITY, STATE, ZIP COD 50 NORTH MT JULIET ROAD DUNT JULIET, TN 37122	E	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX YAG	REFIX (EACH CORRECTIVE ACTION SHOULD BE		
K 147	with NFPA 70, Na	tional Electrical Code. 9.1.2	K 147	NFPA 101 Life Safety Code Standards SS=E Menuirement: The facility's electrical wiring will be madecordance with NFPA 70, National Electrical Standards 9.1.2		
	Based on observa	is not met as evidenced by: utions, it was determined the intain the electrical system.		Corrective Action;		
	The findings included (1) Observation of	the lobby on 12/12/11 at 9:35 xtension cord being used.		the lobby by the Mi	sion cord in was removed pintenence on 12/12/11.	
	(2) Observation of electrical room on	the kitchen area and the main 12/12/11 at 9:45 AM, revealed is were blocked with		equipment the electric	tenance omoved the at that blocked ricel panels in on erus and	
1,20	administrator and	re acknowledged by the verified by the director of e exit conference on 12/12/11.		on 12/12 2. The Male Director Facility or 12/12/12 entertain	ntenenco completed ounds on to ensure n cords were a and to ensure	
		*		panels w	ere not blocked	
				by the A regardin extensio facility: Mainton and Diet	dministrator g not using n cords in tha ance Director ary Supervisor	
		e		not bloc electrica	l panols.	
				Director comple through	ntenence will monitor for nee monthly facility rounds ervation.	12/28/20

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